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## BIB DATA SHEET

CONFIRMATION NO. 5982

|  |   |  |   |   |                               |                                    |
|--|---|--|---|---|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/803,254   | <b>FILING or 371(c)<br/>DATE</b><br>03/18/2004<br><b>RULE</b>   | <b>CLASS</b><br>324                                      | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET<br/>NO.</b><br>1921-2645 |                               |                                    |
| <b>APPLICANTS</b><br>Guy V. Clatterbaugh, Columbia, MD;<br>Paul A. Vichot, Ellicott City, MD;<br>James G. Palmer, Ellicott City, MD;<br>Henry R. Halperin, Baltimore, MD;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/455,656 03/18/2003 <i>EC</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>NONE EC</i><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>05/31/2004 |   |  |   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>MD   | <b>SHEETS<br/>DRAWINGS</b><br>6             | <b>TOTAL<br/>CLAIMS</b><br>47 | <b>INDEPENDENT<br/>CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORA<br>OFFICE OF PATENT COUNSEL<br>11100 JOHNS HOPKINS ROAD<br>MAIL STOP 7-156<br>LAUREL, MD 20723-6099<br>UNITED STATES   |   |  |   |   |                               |                                    |
| <b>TITLE</b><br>MRI flex circuit catheter imaging coil   |   |  |   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>865  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                               |                                    |